

206

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Marysopa State Ariz. State File No. 170
District or Township Phoenix or Village _____ Registered No. 624
City Phoenix No. Good Samaritan Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Louis Smith Drugg
(a) Residence, No. 138 N. First St. Mesa, Ariz.
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
(Write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr 3 - 1918

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
13 1 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Phoenix
(State or country) Idaho

10. NAME OF FATHER Louis L. Drugg

11. BIRTHPLACE OF FATHER Idaho
(city or town) (State or country)

12. MAIDEN NAME OF MOTHER Josephine Smith

13. BIRTHPLACE OF MOTHER Idaho
(city or town) (State or country)

14. Informant L. L. Drugg
(Address) Phoenix, Ariz.

15. Filed 5-20-31 ABR
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 11 1931
Month Day Year

17. I HEREBY CERTIFY, that I attended deceased from 5/10 1931 to May 11 1931
that I last saw him alive on May 11 1931

and that death occurred, on the date stated above, at 7:30 a.m.

18. CAUSE OF DEATH was as follows:
Ruptured appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Antitoxin
(duration) yrs. mos. ds.

18. Where was disease contracted? Home
if not at place of death?

Did an operation precede death? Yes Date of 5/10/31

Was there an autopsy? No

What test confirmed diagnosis? Specimen

(Signed) J. L. Smith M. D.

19. Address Phoenix, Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Phoenix, Ariz.

20. UNDERTAKER M. L. Lohman

DATE OF BURIAL May 13 - 1931

ADDRESS Mesa, Ariz.